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APPLICATION NO. FILING D.	ATE FIRST NAM	ED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/584,997 05/01/20	77 MERO	N, Gavriel	P-6472-US1	5920
APPLN. TYPE SMALL ENTITY nonprovisional NO	\$1740	LICATION FEE DUE	PREV. PAID ISSUE FEE \$0	TOTAL FEE(S) DUE DATE DUE \$2,040 03/14/2012
EXAMINER Daniels, Anthony J.	ART UNIT 2622	CLASS-SUBCLA 348-333050		
Change of correspondence address Address* (37 CFR, 1,363). Change of correspondence ad Correspondence Address form PTO/SBN/3 "Pee Address" indication (or "Fee A PTO/SBA*7, Rev 03-02 or more recet Customer Number is required.	2. For printing on the pattern front page, list (1) the names of up to 3 registreed patient attorneys or agents OR, alternatively, (2) the name of a single firm (have as a member a registreed attorneys or agent) and the names of up to two registreed patient attorneys or agent. If no name is listed, no name will be printed. 3			
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Typed or printed name: Caleb Poliack	Registration Number: 37,912			